

<i>SERFF Tracking Number:</i>	<i>GRTT-126814515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46829</i>
<i>Company Tracking Number:</i>	<i>G1041C</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.003 Plan C 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Medicare Supplement Plan C</i>		
<i>Project Name/Number:</i>	<i>/G1041C</i>		

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Medicare Supplement Plan C SERFF Tr Num: GRTT-126814515 State: Arkansas

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 46829
Standard Plans 2010 Closed

Sub-TOI: MS08I.003 Plan C 2010

Co Tr Num: G1041C

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Joan Jannotta, Ann Ryan

Disposition Date: 09/24/2010

Date Submitted: 09/18/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date: 09/24/2010

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: G1041C

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/24/2010

Explanation for Other Group Market Type:

State Status Changed: 09/24/2010

Deemer Date:

Created By: Joan Jannotta

Submitted By: Joan Jannotta

Corresponding Filing Tracking Number: GRTT-126814430, GRTT-126814589

Filing Description:

Re: Individual Medicare Supplement Insurance

2010 Standardized Medicare Supplement Plan C

Policy Form G1041C

NAIC #64211 687

Dear Sir or Madam:

SERFF Tracking Number:	GRTT-126814515	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	46829
Company Tracking Number:	G1041C		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.003 Plan C 2010
Product Name:	Medicare Supplement Plan C		
Project Name/Number:	/G1041C		

We are submitting the above referenced forms for your review and approval.

Form G1041C is our 2010 standardized Medicare Supplement Plan C policy. It will replace policy form 9240C, which was approved by your Department on October 8, 1997.

We are also submitting policy forms G1041A and G1041N under separate serff filings. The corresponding serff filing numbers are shown on the General Information tab.

We have submitted our Outline of Coverage and the premium rates with the filing for our Plan A form G1041A.

We will use application form APPH3-06-AR, which was approved by your Department on March 26, 2007 with these forms.

We will also use previously approved "Notice To Applicant Regarding Replacement Of Medicare Supplement Insurance Or Medicare Advantage" form UMS-HRF96 in the case of a replacement. Form UMS-HRF96 will be printed in 3 part NCR so that a signed copy may be left with the applicant and we will retain the remaining copies in the applicant's file.

These forms have been printed by our computer and laser printer. We reserve the right to change the font (typeset) when and if a new font becomes available. We are filing these forms concurrently in Illinois, our state of domicile.

We would appreciate any consideration you could extend toward the prompt approval of this submission. If I can be of further assistance in the approval process, please contact me directly by E-mail or at our toll-free number shown below.

Sincerely,

Joan Jannotta

Product Manager

Product Approval and Compliance (PAC)

Direct Phone: 1-847-904-5730

Toll-Free: 1-800-338-7452, extension #5730

E-mail: jjannotta@gtlic.com

Fax: 847-699-0093

Company and Contact

Filing Contact Information

Joan Jannotta,

jjannotta@gtlic.com

SERFF Tracking Number: GRTT-126814515 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 46829
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Standard Plans 2010
Product Name: Medicare Supplement Plan C
Project Name/Number: /G1041C

1275 Milwaukee Ave. 847-904-5730 [Phone]
Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

Guarantee Trust Life Insurance Company CoCode: 64211 State of Domicile: Illinois
1275 Milwaukee Avenue Group Code: 687 Company Type: Mutual
1275 Milwaukee Avenue Group Name: State ID Number:
Glenview, IL 60025 FEIN Number: 36-1174500
(847) 460-4772 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 form = \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$50.00	09/18/2010	39632947

<i>SERFF Tracking Number:</i>	<i>GRTT-126814515</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/24/2010	09/24/2010

<i>SERFF Tracking Number:</i>	<i>GRTT-126814515</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 09/24/2010

Implementation Date: 09/24/2010

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GRTT-126814515</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Form	Policy	Approved	Yes

SERFF Tracking Number: GRTT-126814515 State: Arkansas

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TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.003 Plan C 2010
Standard Plans 2010

Product Name: Medicare Supplement Plan C

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Form Schedule

Lead Form Number: G1041C

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 09/24/2010	G1041C	Policy/Cont Policy ract/Fratern al Certificate	Initial		46.960	G1041C (AR).pdf

GUARANTEE TRUST LIFE INSURANCE COMPANY

A Mutual Company – 1275 Milwaukee Avenue - Glenview, Illinois 60025 - (847) 699-0600

We, **Guarantee Trust Life Insurance Company of America**, promise to pay You, the benefits described in this Policy for loss which results from Injury or Sickness while this Policy is in force. All benefits are subject to its definitions, provisions, limitations and exceptions. We make this promise in consideration of the application for this Policy and the payment of the Premium. Your application is attached to and made a part of this Policy.

Important Notice About Statements in the Application – Please read the copy of the application which is a part of this Policy. Check to see if any medical history requested has been left out. Write Us if any information shown isn't right or complete. We issued this Policy on the basis that the answers to all the questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

Right To Examine Policy For 30 Days – If You are not satisfied with this Policy, You may return it to Us within 30 days after You get it. You may return it to Us by mail or to the agent who sold it. Then We will refund to You any premium paid and this Policy will be void.

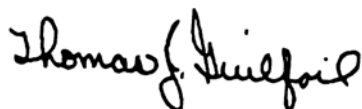
Effective Date – This Policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

Guaranteed Renewable for Life - You may keep this Policy in force during Your entire lifetime by paying premiums when due or within the grace period. We can't cancel or refuse to renew this Policy because of a change in Your health. This Policy may be cancelled for nonpayment of premium or material misrepresentation in Your application.


Renewal Premium – We will change the premium rates for this Policy, but only if they are changed for all policies like Yours in Your state on a class basis. The change may be due to change in Your benefits or a new table or rates. As Your Policy benefits are tied to Medicare's benefits, Your Policy benefits and premiums are expected to change each year due to a change in Medicare's benefits. We will tell You in advance of any change in premium.

Notice to Buyer: This Policy may not cover all of Your medical expenses.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

Licensed Resident Agent (If Required): _____

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN C

This Policy is a legal contract between You and Us.

Read Your Policy carefully.

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SUSPENSION OF BENEFITS

If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify us and request a suspension, we'll suspend Your benefits and premiums for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

If You are eligible for, and have purchased this Policy by reason of disability and You later become covered by an employer or union-based group health plan, the benefits and premiums under Your Policy can be suspended, if requested, while You are covered under the employer or union-based group health plan.

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility or the effective date of Your employer or union-based group health plan. When We get the timely notice, to the extent permitted by applicable law or regulation, We'll refund any premium paid covering a period beyond the date of eligibility for Medicaid or effective date of Your employer or union-based group health plan. Any refund will be subject to adjustment for paid claims.

If you lose entitlement to Medicaid benefits or Your employer or union-based group health plan during the suspension period and notify Us so within ninety (90) days, then, effective the date Medicaid entitlement or employer or union-based group health plan terminated, We'll (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; and (b) charge a premium at least as favorable as if the coverage had not been suspended.

DEFINITIONS

Actual Charge means the Actual Charge made by the provider for services or supplies in the absence of insurance, but not to exceed the maximum actual allowable charge determined by Medicare for non-participating providers.

Benefit Period means the time used to measure in-hospital benefits for expenses covered by Medicare. A Benefit Period begins after the effective date of coverage with the first day You receive Medicare covered services in a Hospital. The date it ends is determined by Medicare.

Doctor means a legally qualified practitioner of the healing arts, other than You or a Family Member, approved by Medicare to treat the type of condition for which claim is made.

Family Member means a person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild). A Family Member includes an individual who normally lives in Your household.

Hospice Care means a program of palliative care that provides for the physical, emotional, and spiritual care needs of a terminally ill patient and his or her family. The goal of such care is to achieve the highest quality of life as defined by the patient and his or her family through the relief of suffering and control of symptoms.

Hospital means a Hospital that is either approved for payment of Medicare benefits or could receive such approval if so requested.

Injury means an accidental bodily Injury which occurs while this Policy is in force and causing loss which commences while this Policy is in force.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as medically necessary and reasonable by Medicare. These expenses may or may not be fully covered by Medicare.

Medicare Part A Deductible means the initial fixed amount Medicare does not pay for Part A inpatient Hospital services during a Benefit Period. This amount is determined by Medicare.

Medicare Part B Annual Deductible means the initial fixed amount Medicare does not pay under Part B for expenses covered by Medicare in each Calendar Year. This amount is determined by Medicare.

Policy or Contract means this legal agreement between You and Us.

Respite Care means professional care given to You in order to temporarily relieve unpaid Informal Caregivers.

Sickness means an illness or disease of an insured person which first manifests itself after the effective date of coverage and causes loss which commences while this Policy is in force.

Skilled Nursing Copayment means the fixed amount per day Medicare does not pay during a Medicare covered Skilled Nursing stay. The amount of Skilled Nursing Copayment is set each year by Medicare.

You or Your means the person who is insured under this Policy and named in the Schedule.

We, Our or Us means Guarantee Trust Life Insurance Company.

BENEFIT PROVISIONS

MEDICARE SUPPLEMENT BENEFITS

We'll pay benefits for covered Medicare Eligible Expenses You incur due to Injury or Sickness. Covered expenses and Policy benefits and limits are explained below. To be covered, the Medicare Eligible Expense must be incurred while coverage under this Policy is in force.

Any claim for a continuous loss that begins while this Policy is in force won't be affected by the ending of this Policy. But, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable.

We'll pay benefits listed below as though You have coverage under both Medicare hospital and medical insurance, and as though Medicare paid its share of the covered expense. We won't impose any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

Explanation of Medicare Benefits Form - before We can pay any benefits for expenses covered under Medicare Part B, You or Your health care provider must file a claim with Medicare. We must then get the Explanation of Medicare Benefits form. It's a form sent by Medicare's Benefit Department. It shows the Medicare Eligible Expenses.

We'll pay as follows:

Basic Benefits

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept Our payment in full and may not bill You for any balance;

Basic Benefits (cont.)

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;
5. Coverage for the Coinsurance amount, or in the case of Hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare Eligible Expenses under Part B regardless of Hospital confinement, subject to the Medicare Part B deductible;
6. Hospice Care: Coverage of the cost sharing for all Part A Medicare eligible Hospice Care and Respite Care expenses.

Additional Benefits

1. Medicare Part A Deductible: Coverage for one hundred percent (100%) of the Medicare Part A inpatient Hospital deductible amount per Benefit Period.
2. Skilled Nursing Facility Care: Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-Hospital Skilled Nursing facility care eligible under Medicare Part A.
3. Medicare Part B Deductible: Coverage for one hundred percent (100%) of the Medicare Part B deductible amount per calendar year regardless of Hospital confinement.
4. Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare Eligible Expenses for medically necessary emergency Hospital, Doctor, and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of two hundred fifty dollars (\$250) and a lifetime maximum benefit of fifty thousand dollars (\$50,000).

For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Before Part A and Part B Policy benefits are payable, benefits must be payable under Part A and Part B of Medicare for its part of the expenses.

Benefit and Premium Change

The risk We assumed on this Policy's Issue Date was based on Medicare's benefit structure at that time. Medicare benefits change from time to time. When Medicare changes its deductible or co-payment amounts, or limits under its benefit structure that was in effect on the Effective Date, We'll change benefits to handle such changes.

Medicare's benefit structure may change to the extent that the nature of the risk We assumed at issue changes. If it does, We may have to change this Policy's coverage. We will make such a change by adding an endorsement or new schedule page to the Policy or both. Before We make any such change, We'll get approval from the government agency in the state that regulates Your insurance. Until the effective date of any coverage change, benefits will be based upon the risk we assumed on this Policy's Issue Date.

Any premium change needed because of such a benefit or structure change may be made only after We give You the advance notice Your state requires.

LIMITATIONS AND EXCLUSIONS

Exclusions

This Policy does not cover or consider for payment any service or supply, or any portion of a service or supply that is not a Medicare Eligible Expense, nor will this Policy duplicate any benefit paid by Medicare.

Entire Contract; Changes:

This Policy, a copy of the application, and any attached papers, is the Entire Contract between You and Us. No change in this Policy will be effective until approved by two of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Time Limit On Certain Defenses

After 2 years from the Effective Date only fraudulent misstatements in the application may be used to void this Policy or deny any claims for loss which starts after the 2 year period.

Grace Period

This policy has a 31 day Grace Period. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period, this Policy will stay in force. If a premium is not paid during the Grace Period, this Policy will terminate as of the due date of the unpaid premium. If You send written notice to Us that You are not renewing Your coverage, then the Grace Period will not apply after the date the non-renewal is to be effective.

Reinstatement

If the premium isn't paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us or by Your agent without requiring an application for reinstatement, will reinstate this Policy.

If You were asked to complete an application, You'll be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated Policy will cover loss which results from an Injury sustained after the date of reinstatement or sickness that starts after such date. In all other aspects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

Premium Refund at Death

We will refund within 30 days after we receive proof of Your death, that portion of the premium paid covering the period beyond the month of death.

Notice of Claim

You must give Us written notice of claim within 20 days after a covered loss starts or as soon as possible. The notice can be given to Us at Our home office in Glenview, Illinois, or to Your agent. Notice should include Your name and Policy number.

Claim Forms

When we get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proofs of Loss section.

Proofs of Loss

Written proof of loss must be given to Us within ninety (90) days of such loss. If it was not reasonably possible to give Us written proof in the time required, we won't reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

Time of Payment of Claims

We will pay all benefits then due under this Policy as soon as we get proper written proof of loss.

Payment of Claims

We will pay the benefits to You or to the health care provider. Any unassigned benefits due and unpaid at Your death may be paid, at our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who can't give valid release, We may pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

Physical Examinations

We, at Our own expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

Legal Action

A legal action may not be brought to recover on this Policy within sixty (60) days after written proof of loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

Other Insurance With Us

You may have only one Policy like this one with us. If through error, We issue more than one like Policy to You, only one Policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We'll return the money You paid for the other Policies.

Conformity With State Statutes

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

Annual Meeting

The annual meeting of our policyholders will be held in our home office. It will start at 10:00 a.m. on the first Monday of July. It will be held on Tuesday if Monday is a legal holiday. We will elect directors and transact other business that is brought before the meeting.

GUARANTEE TRUST LIFE INSURANCE COMPANY

A Mutual Company

1275 Milwaukee Avenue

Glenview, Illinois 60025

(847) 699-0600

**MEDICARE SUPPLEMENT
INSURANCE**

<i>SERFF Tracking Number:</i>	<i>GRTT-126814515</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved	09/24/2010
Comments:		
Attachment: readcert Plan C.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved	09/24/2010
Comments: Using Application APPH3-06-AR, approved March 26, 2007.		

	Item Status:	Status
		Date:
Bypassed - Item: Health - Actuarial Justification	Approved	09/24/2010
Bypass Reason: Please see the corresponding filing for policy G1041A.		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Outline of Coverage	Approved	09/24/2010
Comments: Please see the corresponding filing dor G1041A		


CERTIFICATE OF READABILITY

Form Number(s): G1041C

Flesch Test Score(s): 46.96

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date September 14, 2010